

**REGISTRATION FORM FOR A COMMITTEE
OTHER THAN CANDIDATE'S**

Year of Election: _____

Date of this Registration: _____

Original
Amendment

Type of Committee (Check One):

Organization or person other than
Candidate's Campaign Committee

Independent Committee

Constitutional Amendment or Statewide
Referendum

County or Municipal Ballot
Question

Recall Election - Name of Public Officer & Office Held

Committee (Full Name): _____

Committee Address: _____

Telephone Number: () _____

Committee Affiliation: _____

Chairperson (Full Name): _____

Address: _____

Treasurer (Full Name): _____

Address: _____

Signature of Person Registering Committee:

For Office Use

--

MAIL TO:

STATE ETHICS COMMISSION
205 JESSE HILL JR DR, SE
STE 478 - EAST TOWER
ATLANTA, GEORGIA 30334